ARIZONA STATE BOARD OF HEALTH  State File No	
RUREAU OF VIT	
1. PLACE OF BIRTH STANDARD CERTI	
County Dila	State argona
County 2002	State
District or Township	
City Mani No Miani hupiration Haspiel St. Ward	
(If birth occurred in a pospital or institution, give its teams instead of street and number)	
2. Full name of child Rabert Bruce Buchanan Supplemental report, as directed.	
3. Sex of Child To be answered ONLY ) 4. Twin, triplet or other	6. Legitimate? 7. Date April 12 192
in event of plural	th. General 7. Date April 12 1928
male births. ) 5. No., in order of bir	
8. FATHER	14. MOTHER
Full name John Recharm Buchanan	Full maiden name Marquerite Brinchall
g, Residence	15. Residence
(Usual place of abode) Superior, ang.	15. Residence (Usual place of abode) Dukerian, Anjona
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday (Years)	White 17. Age at last birthday (Years),
	114 0
12. Birthplace (city or place)	13. Birthplace (city or place)
(State or country) North Dakata	(State or country) any
	19. Occupation
13. Occupation Puner	Nature of Industry
Nature of Industry Cokker	Mature of Industry
(h) Born pliv	e but now dead
certified and including this child.)  (c) Stillborn	9
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *-	
I hereby certify that I attended the birth of this child, who was alive at 2:464 m on the date above stated.	
When there was no attending physician	Fr. Frankler
or midwife, then the father, householder, Signatureetc., should make this return. A stillhorn	
child is one that neither breathes nor	(Physician of midwife.)
shows other evidence of life after birth.  Given name added from	Miami ( anjon
Given name added from a supplement! report.  Month, day, year	
925-4/2-423 Even	eh 20, 30 /e- 6- dring
Registrar.	Registrar.